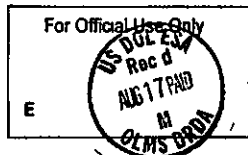


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9027</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>John</b> <b>G</b> <b>Becker Jr</b> P O Box Bldg Room No if any <b>Ste 210</b> Street <b>300 S Grand Ave</b> City <b>St Louis</b> State <b>Missouri</b> ZIP Code + 4 <b>63103</b>	4 Name file number and address of labor organization Name <b>Teamsters Local 688</b> Labor Organization File Number <b>025-471</b> P O Box Building and Room Number if any Street <b>300 S Grand Ave</b> City <b>St Louis</b> State <b>Missouri</b> ZIP Code + 4 <b>63103</b>
5 Position in labor organization <b>Business Representative</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction or Income.  7.b Amount.

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On <b>08/12/2005</b> Date	<b>314-658-5752</b> Telephone Number

Name of Person Filing <b>John Becker Jr</b>	File Number <b>U-</b>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any) Name <b>Spector &amp; Wolfe L L C</b> Trade Name if any <b>Attorney at Law</b> P O Box, Bldg Room No if any <b>Ste 101</b> Street <b>206 Argonne</b> City <b>Kirkwood</b> State <b>Missouri</b> ZIP Code + 4 <b>63122</b>	<b>9</b> Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10</b> If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No. if any Street City State ZIP Code + 4	<b>11 a</b> Nature of such dealing <b>Attorney provides legal services for Teamsters Local 688</b> <b>11 b</b> Approximate dollar value of such dealing <b>FEE for Service</b> <b>12 a</b> Nature of interest held or income received <b>Christmas Gift One (1) box of Steaks</b> <b>12 b</b> Amount. <b>\$48</b>

<b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a</b> Nature of payment
<b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b</b> Amount of payment

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

1 File Number U <input type="text"/>	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3 Name and address of person filing Name <input type="text"/> John <input type="text"/> G <input type="text"/> Becker Jr P O Box Bldg Room No if any <input type="text"/> Ste 210 Street <input type="text"/> 300 S Grand Ave City <input type="text"/> St Louis State <input type="text"/> Missouri ZIP Code + 4 <input type="text"/> 63103	4 Name file number and address of labor organization Name <input type="text"/> Teamsters Local 688 Labor Organization File Number <input type="text"/> 025-471 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 300 S Grand Ave City <input type="text"/> St Louis State <input type="text"/> Missouri ZIP Code + 4 <input type="text"/> 63103
5 Position in labor organization <input type="text"/> Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a Nature of Interest, Transaction or Income <input type="text"/> 7.b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/12/2005

Date

314-658-5752

Telephone Number

Name of Person Filing John Becker Jr

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name American Income Life Insurance Co

Trade Name if any

P O Box, Bldg Room No if any P O Box 2608

Street

City Waco

State Texas

ZIP Code + 4 76797

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Insurance company markets policies to Union members and their families by having information about no-cost and other available coverage mailed by the Union to its membership. The insurance company has no direct contact with Union members.

## 11 b Approximate dollar value of such dealing

Unknown

## 12 a Nature of interest held or income received

No-cost accidental death insurance policy (death benefit \$2000.00) as is made available to all members of Teamsters Local 688

## 12 b Amount

Unknown

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

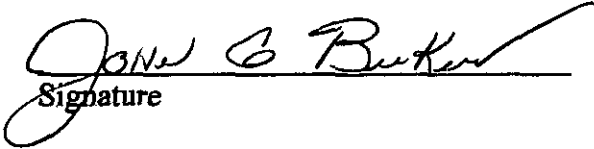
ZIP Code + 4

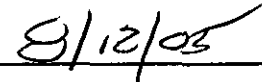
## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

  
Signature

  
Date